

Incoming C0150009 C0150017 C0150018 C0150019 1407 W. North Temple, Suite 310 Salt Lake City, UT 84116

> cc: Ken Stire Demozak

HAND DELIVERED

September 27, 2012

RECEIVED SEP 2 7 2012

Daron Haddock
Environmental Manager
Division of Oil, Gas & Mining
Utah Department of Natural Resources
1594 West North Temple - Suite 1210
P.O. Box 145801
Salt Lake City, Utah 84114-145801

DIV. OF OIL, GAS & MINING

RE: Certificates of Liability Insurance, Policy No.

Des-Bee-Dove Mine C/015/0017, Deer Creek Mine C/015/0018, Cottonwood Mine C/015/0019, Trail Mountain Mine C/015/0009 Policy Period from 10-1-2012 to 10-1-2013; Folder #2, Emery County, Utah

Dear Daron:

Enclosed are replacement liability insurance certificates for the referenced coal mine operations under a new policy number for the policy period of October 1, 2012 to October 1, 2013.

Should you have any questions or concerns, please feel free to contact me at 801-220-4612.

Sincerely,

Scott M. Child

Manager, Lands & Regulatory Affairs

Enclosures

SMC\EnergyWest\DOGM 2012-06(certs).doc

cc: C. Crane – IMC w/copy encl.

R. Poulson, C. Semborski, K. Fleck, D. Oakley, G. Davis – EWMC w/copy encl.

M. Reed - NTO 330 w/copy encl.

EXHIBIT "C"

LIABILITY INSURANCE CERTIFICATE

DES-BEE-DOVE MINE

C/015/0017

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 09/25/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the

certificate holder in lieu of such endorsement(s).	CONTACT						
PRODUCER AON Risk Services Central, Inc. Omaha NE Office 11213 Davenport Suite 201	NAME: PHONE (A/C. No. Ext): (402) 597-1400 E-MAIL ADDRESS:						
Omaha NE 68154 USA	INSURER(S) AFFORDING COVERAGE	NAIC #					
INSURED	INSURER A: Assoc Electric & Gas Ins Serv Ltd -AEGIS AA	3190004					
PacifiCorp	INSURER B:						
db Pacific Power, Rocky Mountain Power and Pacificorp Energy	INSURER C:						
825 NE Multnomah, #400 Portland OR 97232 USA	INSURER D:						
FOI ETAIN ON 97232 USA	INSURER E:						
	INSURER F:						
COVERAGES CERTIFICATE NUMBER: 5	570047556115 REVISION NUMBER :						
INDICATED NOTABILISTANDING ANY DECLIDEMENT TERM OR	D BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLIC CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHOCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THI	E TERMS,					

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMI

INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	(MIN/OD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
F	GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED	
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR						PREMISES (Ea occurrence) MED EXP (Any one person)	
							PERSONAL & ADV INJURY	
							GENERAL AGGREGA. =	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	
	POLICY PRO- JECT LOC							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	ANYAUTO						BODILY INJURY (Per person)	
	ALL OWNED SCHEDULED						BODILY INJURY (Per accident)	
1	AUTOS AUTOS NON-OWNED						PROPERTY DAMAGE (Per accident)	
1	AUTOS						T d doddwy	
A	UMBRELLA LIAB OCCUR		 		10/01/2012	10/01/2013	EACH OCCURRENCE \$35,000,0	000
	X EXCESS LIAB X CLAIMS-MADE			Excess Liability \$35M SIR applies per policy ter	ns & condi	ions	AGGREGATE \$35,000,0	000
	DED X RETENTION	1		SIR applies per policy cer	is a cond.			
\vdash	WORKERS COMPENSATION AND						WC STATU- OTH- TORY LIMITS ER	
1	EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE	Ė					E.L. EACH ACCIDENT	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE-EA EMPLOYEE	
İ	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-POLICY LIMIT	
	The state of the s	E 6 / 6	l Hank A	COPD 401 Additional Parmarks Schedule i	f more space is	required)		

Damage due to the use of explosives and subsidence is covered. Insurance Company will notify the State of Utah of any changes or cancellation. Re: DES/BEE/DOVE: C/015/0017

AFRE	-	HOL	DED
CERTIF	LAIL	HUL	אםע.

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE

State of Utah, Dept of Natural Resources, Division of Oil, Gas & Mining 1594 W. North Temple, Ste. 1210 Salt Lake City UT 84180-1203 USA

AUTHORIZED REPRI

@1988-2010 ACORD CORPORATION. All rights reserved.

ASSOCIATED ELECTRIC & GAS INSURANCE SERVICES LIMITED

Hamilton, Bermuda

CERTIFICATE OF INSURANCE

(Excess Liability)

This Certificate is furnished to the Certificate Holder named below as a matter of information only. Neither this Certificate nor the issuance hereof modifies the policy of insurance identified below (the "Policy") in any manner. The Policy terms are solely as stated in the Policy or in any endorsement thereto. Any amendment, change or extension of the Policy can only be effected by a specific endorsement issued by the Company and attached to the Policy.

The undersigned hereby certifies that the Policy has been issued by Associated Electric & Gas Insurance Services Limited (the "Company") to the Named Insured identified below for the coverage described and for the policy period specified.

Notwithstanding any requirements, terms or conditions of any contract or other document with respect to which this Certificate may be issued or to which it may pertain, the insurance afforded by the Policy is subject to all of the terms of the Policy.

NAME OF INSURED:

PacifiCorp dba Pacific Power, Rocky Mountain Power and PacifiCorp Energy

PRINCIPAL ADDRESS:

825 NE Multnomah, #400, Portland, Oregon 97232

POLICY NUMBER:

POLICY

From: October 1, 2012

PERIOD:

To:

October 1, 2013

DESCRIPTION OF COVERAGE:

Claims-First-Made Excess Liability Policy covering claims for Bodily Injury, Property Damage and Personal Injury arising from the operations described

below.

LIMIT OF LIABILITY: \$ 20,000,000 per occurrence and in the aggregate, where applicable.

ADDITIONAL

The Certificate Holder is an additional Insured under the Policy but only:

INSURED:

(i) to such extent and for such Limits of Liability (subject always to the terms and Limits of Liability of the Policy) as the Named Insured has agreed to provide insurance for the Certificate Holder under

the following contract:

Des/Bee/Dove: C/015/0017

and (ii) with respect to the following operations:

Damage due to the use of explosives and subsidence is covered. Insurance Company will

notify State of Utah of any changes or cancellation.

Should the Policy be cancelled, assigned or changed in a manner that is materially adverse to the Insured(s) under the Policy, the undersigned will endeavor to give 45 days advance written notice thereof to the Certificate Holder, but failure to give such notice will impose no obligation or liability of any kind upon the Company, the undersigned or any agent or representative of either.

DATE: September 25, 2012

ISSUED TO: The State of Utah, Dept. of Natural Resources

("Certificate Holder")

Division of Oil, Gas & Mining

1594 West North Temple, Suite 1210, Salt Lake City, UT 84114-5801 ADDRESS:

Certified Original Copy

Signed by Dave McCue, Agent of Record

AEGIS INSURANCE SERVICES, INC.

BY:

At East Rutherford, New Jersey

Permit Number: C/015/0017

CERTIFICATE OF LIABILITY INSURANCE Issued to: State of Utah Department of Natural Resources Division of Oil, Gas, and Mining

THIS IS TO CERTIFY THAT:

Associated Electric & Gas Insurance Services Limited (Name of Insurance Company)

ARGUS Insurance Building, 12 Wesley St. P.O. Box BM 1064, Hamilton, Bermuda (Home Office Address of Insurance Company)

HAS ISSUED TO:

PacifiCorp (Successor in interest to Utah Power & Light)
(Name of Permittee)

DES/BEE/DOVE (Mine Name)

<u>C/015/0017</u> (Permit Number)

CERTIFICATE OF INSURANCE:

(Policy Number)

10/01/2012 - 10/01/2013 (Effective Date)

UNDER THE FOLLOWING TERMS AND CONDITIONS:

Per R645-301-890 Terms and Conditions for Liability Insurance:

- A. The DIVISION Shall require the PERMITTEE to submit as part of its permit application a certificate issued by an insurance company authorized to do business in the State of Utah certifying that the applicant has a public liability insurance policy in force for the surface coal mining and reclamation operations for which the permit is sought. Such policy shall provide for personal injury and property damage protection in an amount adequate to compensate any person's injury or property damage as a result of the surface coal mining and reclamation operations, including the use of explosives and who are entitled to compensation under the applicable provisions of state law. Minimum insurance coverage for bodily injury and property damage shall be \$300,000 for each occurrence and \$500,000 aggregate.
- B. The policy shall be maintained in full force during the life of the permit or any renewal thereof, including the liability period necessary to complete all reclamation operations under this chapter.

C. The policy shall include a rider requiring that the insurer notify the Division whenever substantive changes are made in the policy including any termination or failure to renew.

IN ACCORDANCE WITH THE ABOVE TERMS AND CONDITIONS, and the Utah Code Annotated 40-10-1 et seq., the Insurance Company hereby attests to the fact that coverage for said Permit Application is in accordance with the requirements of the State of Utah and agrees to notify the Division of Oil, Gas, and Mining in writing of any substantive changes, including cancellation, failure to renew, or other material change. No change shall be effective until at least thirty (30) days after such notice is received by the Division. Any change unauthorized by the Division is considered breach of the RECLAMATION AGREEMENT and the Division may pursue remedies thereunder.

UNDERWRITING AGENT:	•
<u>Mel Butts</u> (Agent's Name)	201-508-2779 (Phone)
AEGIS Insurance Services (Company Agent's Name)	
1 Meadownlands Plaza (Mailing Address)	East Rutherford, NJ 07073 (City, State, Zip Code)
company. (An Affidavit of Qualification must be agent of officer).	uthorized representative of the above-named insurance completed and attached to this form for each authorized
(Date, \$ignature and Title of Au	ithorized Agent of Insurance Company)
Signed and sworn before me by	Butts
This 25th day of September, 2012	
Denise	G. Marleg Signature)
My commission Expires: June 10, 2013 (Date)	DENISE A. MARKS NOTARY PUBLIC STATE OF NEW JERSEY MY COMMISSION FYPIRES JUNE 10, 2013

EXHIBIT "C"

LIABILITY INSURANCE CERTIFICATE

DEER CREEK MINE

C/015/0018

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 09/25/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the

certificate holder in lieu of such endorsement(s).		
PRODUCER	CONTACT NAME:	
Aon Risk Services Central, Inc.	PRONE (A/C. No. Ext): (402) 697-1400 FAX (A/C. No.): (402) 697-0017	
Omaha NE Office 11213 Davenport Suite 201	E-MAIL ADDRESS:	
Omaha NE 68154 USA	INSURER(S) AFFORDING COVERAGE	NAIC#
INSURED	INSURERA: Assoc Electric & Gas Ins Serv Ltd -AEGIS A	A3190004
PacifiCorp	INSURER B:	
db Pacific Power, Rocky Mountain Power and PacifiCorp Energy	INSURER C:	
825 NE Multnomah, #400 Portland OR 97232 USA	INSURER D:	
PORTIAND UK 9/232 USA	INSURER E:	
	INSURER F:	
COVERAGES CERTIFICATE NUMBE	R: 570047556119 REVISION NUMBER:	
THIS IS TO CEPTIEV THAT THE POLICIES OF INSURANCE LIS	STED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLIC IN OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO W	Y PERIOD HICH THIS

INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TENIN ON CONTROL OF STREET OF ST Limits shown are as requested

INSR	TYPE OF INSURANCE	ADEA	SUER	POLICY NUMBER	POLICY EFF (MM/DDYYYY)	POLICY EXP (MM/DE/YYYY)	LIMITE	3
LIK	GENERAL LIABILITY	100.00	1111	The state of the s			EACH OCCURRENCE	
	COMMERCIAL GENERAL LIABILITY			***************************************			DAMAGE TO RENTED PREMISES (Ea occurrence)	
	CLAIMS-MADE OCCUR						MED EXP (Any one person)	
							PERSONAL & ADV INJURY	
							GENERAL AGGREGATE	
	GEN'L AGGREGATE LIMIT APPLIES PER:		1	***			PRODUCTS - COMP/OP AGG	
	POLICY PRO- LOC		1					
一	AUTOMOBILE LIABILITY		 				COMBINED SINGLE LIMIT (Ea accident)	
	ANY AUTO				‡		BODILY INJURY (Per person)	
	ALL OWNED SCHEDULED			*	•		BODILY INJURY (Per accident)	
	AUTOS AUTOS NON-OWNED			· ·			PROPERTY DAMAGE (Per accident)	
	AUTOS		1	***				
	UMBRELLA LIAB OCCUR	\vdash	 		10/01/2012	10/01/2013	EACH OCCURRENCE	\$35,000,000
	X EXCESS LIAB X CLAIMS-MADE			Excess Liability \$35M			AGGREGATE	\$35,000,000
	DED X RETENTION			SIR applies per policy ter	ns & condi	ions		
-	WORKERS COMPENSATION AND	 					WC STATU- OTH- TORY LIMITS ER	
	EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE	š .		***			E.L. EACH ACCIDENT	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE-EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below			# **	1		E.L. DISEASE-POLICY LIMIT	
\vdash	DEGORIFICATOR OF C. EVALUATOR DESCRIPTION	t	1					
					<u> </u>	<u> </u>		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	LES (A	ttach A	CORD 101, Additional Remarks Schedule, I	If more space is :	required)		

Damage due to the use of explosives and subsidence is covered. Insurance Company will notify the State of Utah of any changes or cancellation.
Re: Deer Creek: C/015/0018

CERTIFICATE	HOLDER
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CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

State of Utah, Dept of Natural Resources, Division of Oil, Gas & Mining 1594 W. North Temple, Ste. 1210 Salt Lake City UT 84180-1203 USA

AUTHORIZED REPRESENTATIV

ASSOCIATED ELECTRIC & GAS INSURANCE SERVICES LIMITED

Hamilton, Bermuda

CERTIFICATE OF INSURANCE

(Excess Liability)

This Certificate is furnished to the Certificate Holder named below as a matter of information only. Neither this Certificate nor the issuance hereof modifies the policy of insurance identified below (the "Policy") in any manner. The Policy terms are solely as stated in the Policy or in any endorsement thereto. Any amendment, change or extension of the Policy can only be effected by a specific endorsement issued by the Company and attached to the Policy.

The undersigned hereby certifies that the Policy has been issued by Associated Electric & Gas Insurance Services Limited (the "Company") to the Named Insured identified below for the coverage described and for the policy period specified.

Notwithstanding any requirements, terms or conditions of any contract or other document with respect to which this Certificate may be issued or to which it may pertain, the insurance afforded by the Policy is subject to all of the terms of the Policy.

NAME OF INSURED:

PacifiCorp dba Pacific Power, Rocky Mountain Power and PacifiCorp Energy

PRINCIPAL ADDRESS:

825 NE Multnomah, #400, Portland, Oregon 97232

POLICY NUMBER:

POLICY

From: October 1, 2012

PERIOD:

To:

October 1, 2013

DESCRIPTION OF COVERAGE:

Excess Liability Policy covering claims for Bodily Injury, Property Damage and

Personal Injury arising from the operations described below.

LIMIT OF LIABILITY: \$ 20,000,000 per occurrence and in the aggregate, where applicable.

ADDITIONAL

The Certificate Holder is an additional Insured under the Policy but only:

INSURED:

(i) to such extent and for such Limits of Liability (subject always to the terms and Limits of Liability of the Policy) as the Named Insured has agreed to provide insurance for the Certificate Holder under

the following contract:

Deer Creek: C/015/0018

and (ii) with respect to the following operations:

Damage due to the use of explosives and subsidence is covered. Insurance Company will

notify State of Utah of any changes or cancellation.

Should the Policy be cancelled, assigned or changed in a manner that is materially adverse to the Insured(s) under the Policy, the undersigned will endeaver to give 45 days advance written notice thereof to the Certificate Holder, but failure to give such notice will impose no obligation or liability of any kind upon the Company, the undersigned or any agent or representative of either.

DATE: September 25, 2012

ISSUED TO: The State of Utah, Dept. of Natural Resources

("Certificate Holder")

Division of Oil, Gas & Mining

ADDRESS: 1594 West North Temple, Suite 1210, Salt Lake City, UT 84114-5801

Certified Original Copy

Signed by Dave McCue, Agent of Record

AEGIS INSURANCE SERVICES, INC.

BY:

At East Rutherford, New Jersey

Permit Number: C/015/0018

CERTIFICATE OF LIABILITY INSURANCE Issued to: State of Utah Department of Natural Resources Division of Oil, Gas, and Mining

THIS IS TO CERTIFY THAT:

Associated Electric & Gas Insurance Services Limited
(Name of Insurance Company)

ARGUS Insurance Building, 12 Wesley St. P.O. Box BM 1064, Hamilton, Bermuda (Home Office Address of Insurance Company)

HAS ISSUED TO:

PacifiCorp (Successor in interest to Utah Power & Light)
(Name of Permittee)

DEER CREEK
(Mine Name)

<u>C/015/0018</u> (Permit Number)

CERTIFICATE OF INSURANCE:

(Policy Number)

10/01/2012 – 10/01/213 (Effective Date)

LINDER THE FOLLOWING TERMS AND CONDITIONS:

Per R645-301-890 Terms and Conditions for Liability Insurance:

- A. The DIVISION Shall require the PERMITTEE to submit as part of its permit application a certificate issued by an insurance company authorized to do business in the State of Utah certifying that the applicant has a public liability insurance policy in force for the surface coal mining and reclamation operations for which the permit is sought. Such policy shall provide for personal injury and property damage protection in an amount adequate to compensate any person's injury or property damage as a result of the surface coal mining and reclamation operations, including the use of explosives and who are entitled to compensation under the applicable provisions of state law. Minimum insurance coverage for bodily injury and property damage shall be \$300,000 for each occurrence and \$500,000 aggregate.
- B. The policy shall be maintained in full force during the life of the permit or any renewal thereof, including the liability period necessary to complete all reclamation operations under this chapter.

C. The policy shall include a rider requiring that the insurer notify the Division whenever substantive changes are made in the policy including any termination or failure to renew.

IN ACCORDANCE WITH THE ABOVE TERMS AND CONDITIONS, and the Utah Code Annotated 40-10-1 et seq., the Insurance Company hereby attests to the fact that coverage for said Permit Application is in accordance with the requirements of the State of Utah and agrees to notify the Division of Oil, Gas, and Mining in writing of any substantive changes, including cancellation, failure to renew, or other material change. No change shall be effective until at least thirty (30) days after such notice is received by the Division. Any change unauthorized by the Division is considered breach of the RECLAMATION AGREEMENT and the Division may pursue remedies thereunder.

UNDERWRITING AGEN	IT:				
	<u>Mel Butts</u> (Agent's Name)	_20	01-508-27 (Pho		
AEGIS Insurance Servi (Company Agent's Nar					
1 Meadowlands Plaza (Mailing Address)	_		_ <u>Ea</u>	<u>st Rutherford, N</u> (City, State, Zip	
The undersigned affirms knowledge and belief, ar company. (An Affidavit cagent of officer).	nd that he or she is an a of Qualification must be	authorized rep e completed ar	resentation attache	ve of the above-red to this form fo	named insurance r each authorized
(Date, $\$ Signed and sworn before $\$ This $\$ $\$ $\$ $\$ $\$ $\$ $\$ $\$ $\$ $\$. 0	+S	irance Company) ——
	Penise !	Q . M (Signature)	Larks	<u>r</u>	

DENISE A. MARKS NOTARY PUBLIC

STATE OF NEW JERSEY

MY COMMISSION EXPIRES JUNE 10, 2013

10, 2013

(Date)

My commission Expires: June

EXHIBIT "C"

LIABILITY INSURANCE CERTIFICATE COTTONWOOD/WILBERG MINE

C/015/0019



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 09/25/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

certificate holder in lieu of such endor	seme	nt(s)	-	LOCUELO					
PRODUCER				CONTACT NAME:					
Aon Risk Services Central, Inc. Omaha NE Office				PHONE (A/C. No. Ext): (402) 697-1400 FAX (A/C. No.): (402) 697-0017					
11213 Davenport				E-MAIL ADDRES	S:				
Suite 201 Omaha NE 68154 USA						RER(S) AFFOR	RDING COVERAGE		NAIC#
INSURED				INSURER	A: Assoc	Electric	& Gas Ins Serv Ltd	AEGIS	AA3190004
PacifiCorp			į	INSURER		······································			
db Pacific Power, Rocky Mountain Po and PacifiCorp Energy	wer			INSURER	C:	Martin Company			
825 NE Multnomah, #400				INSURER	D:				
Portland OR 97232 USA				INSURER					
				INSURER					1. Add 14. 15
COVERAGES CER	TIFIC	ATE	NUMBER: 5700475561			RE	VISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY FEXCLUSIONS AND CONDITIONS OF SUCH	OF IN	ISUR EMEN	ANCE LISTED BELOW HANT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY OF BY T	HE POLICIES	DESCRIBEI	D HEREIN IS SUBJECT T	O ALL	
NSR TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DDYYYY)		s	
GENERAL LIABILITY		*****					EACH OCCURRENCE		
COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)		
CLAIMS-MADE CCCUR				1			MED EXP (Any one person)		
							PERSONAL & ADV INJURY		
							GENERAL AGGREGATE		
GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG		
PRO TICE									
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT		
							(Ea accident) BODILY INJURY (Per person)		
ANY AUTO							BODILY INJURY (Per accident)		
ALL OWNED SCHEDULED AUTOS							PROPERTY DAMAGE		
HIRED AUTOS NON-OWNED AUTOS							(Per accident)		
A UMBRELLA LIAB OCCUR					10/01/2012	10/01/2013	EACH OCCURRENCE		\$35,000,000
X EXCESS LIAB X CLAIMS-MADE			Excess Liability \$35 SIR applies per poli	oM icv teri	ns & condia	ions	AGGREGATE		\$35,000,000
DED X RETENTION			31k applies per por	, , , ,					
WORKERS COMPENSATION AND							WC STATU- OTH- TORY LIMITS ER		
EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE							E.L. EACH ACCIDENT		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE-EA EMPLOYEE		
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE-POLICY LIMIT		
DESCRIPTION OF OPERATIONS DELOW									•
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (At	tach A	, CORD 101, Additional Remarks S	Schedule, il	more space is r	equired)			
Damage due to the use of explosives	and	sub	sidence is covered.	Insura	nce Compan	y will not	ify the State of Uta	h of a	ny changes
or cancellation. Re: Cottonwood/Wilburg: C/015/0019									1
									1
							•		
			CAL	NCELLA	TION	·			
CERTIFICATE HOLDER						ABOVE DESCO	IBED POLICIES BE CANCEL	LED RES	ORE THE
				EXPIRATION POLICY PR	N DATE THERE	OF, NOTICE W	ILL BE DELIVERED IN ACCO	RDANCE	WITH THE
State of Utah, Dept of Natu	ral	•		HORIZED R	EPRESENTATIV	11/	7/		
Resources, Division of Oil, 1594 W. North Temple, Ste.	Gas 1210	ĕ M⁻	ining		\mathcal{M}	$M_{\wedge}L$	 		
Salt Lake City UT 84180-120	3 USA	A .		_	////		'		

©1988-2010 ACORD CORPORATION. All rights reserved.

ASSOCIATED ELECTRIC & GAS INSURANCE SERVICES LIMITED

Hamilton, Bermuda

CERTIFICATE OF INSURANCE

(Excess Liability)

This Certificate is furnished to the Certificate Holder named below as a matter of information only. Neither this Certificate nor the issuance hereof modifies the policy of insurance identified below (the "Policy") in any manner. The Policy terms are solely as stated in the Policy or in any endorsement thereto. Any amendment, change or extension of the Policy can only be effected by a specific endorsement issued by the Company and attached to the Policy.

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Notwithstanding any requirements, terms or conditions of any contract or other document with respect to which this Certificate may be issued or to which it may pertain, the insurance afforded by the Policy is subject to all of the terms of the Policy.

NAME OF INSURED:

PacifiCorp dba Pacific Power, Rocky Mountain Power and PacifiCorp Energy

PRINCIPAL ADDRESS:

825 NE Multnomah, #400, Portland, Oregon 97232

POLICY NUMBER:

POLICY

From: October 1, 2012

PERIOD:

To:

October 1, 2013

DESCRIPTION OF COVERAGE:

Excess Liability Policy covering claims for Bodily Injury, Property Damage and

Personal Injury arising from the operations described below.

LIMIT OF LIABILITY: \$ 20,000,000 per occurrence and in the aggregate, where applicable.

ADDITIONAL

The Certificate Holder is an additional Insured under the Policy but only:

INSURED:

(i) to such extent and for such Limits of Liability (subject always to the terms and Limits of Liability of

the Policy) as the Named Insured has agreed to provide insurance for the Certificate Holder under

the following contract:

Cottonwood/Wilberg: C/015/0019

and (ii) with respect to the following operations:

Damage due to the use of explosives and subsidence is covered. Insurance Company will

notify State of Utah of any changes or cancellation.

Should the Policy be cancelled, assigned or changed in a manner that is materially adverse to the Insured(s) under the Policy, the undersigned will endeavor to give 45 days advance written notice thereof to the Certificate Holder, but failure to give such notice will impose no obligation or liability of any kind upon the Company, the undersigned or any agent or representative of either.

BY:

DATE: September 25, 2012

ISSUED TO: The State of Utah, Dept. of Natural Resources

("Certificate Holder")

Division of Oil, Gas & Mining

ADDRESS: 1594 West North Temple, Suite 1210, Salt Lake City, UT 84114-5801

Certified Original Copy

Signed by Dave McCue, Agent of Record

AEGIS INSURANCE SERVICES, INC.

At East Rutherford, New Jersey

Permit Number: C/015/0019

CERTIFICATE OF LIABILITY INSURANCE Issued to: State of Utah Department of Natural Resources Division of Oil, Gas, and Mining

THIS IS TO CERTIFY THAT:

Associated Electric & Gas Insurance Services Limited
(Name of Insurance Company)

ARGUS Insurance Building, 12 Wesley St. P.O. Box BM 1064, Hamilton, Bermuda (Home Office Address of Insurance Company)

HAS ISSUED TO:

PacifiCorp (Successor in interest to Utah Power & Light)
(Name of Permittee)

COTTONWOOD/WILBERG (Mine Name)

C/015/0019 (Permit Number)

CERTIFICATE OF INSURANCE:

(Policy Number)

10/01/2012- 10/01/2013 (Effective Date)

UNDER THE FOLLOWING TERMS AND CONDITIONS:

Per R645-301-890 Terms and Conditions for Liability Insurance:

- A. The DIVISION Shall require the PERMITTEE to submit as part of its permit application a certificate issued by an insurance company authorized to do business in the State of Utah certifying that the applicant has a public liability insurance policy in force for the surface coal mining and reclamation operations for which the permit is sought. Such policy shall provide for personal injury and property damage protection in an amount adequate to compensate any person's injury or property damage as a result of the surface coal mining and reclamation operations, including the use of explosives and who are entitled to compensation under the applicable provisions of state law. Minimum insurance coverage for bodily injury and property damage shall be \$300,000 for each occurrence and \$500,000 aggregate.
- B. The policy shall be maintained in full force during the life of the permit or any renewal thereof, including the liability period necessary to complete all reclamation operations under this chapter.

C. The policy shall include a rider requiring that the insurer notify the Division whenever substantive changes are made in the policy including any termination or failure to renew.

IN ACCORDANCE WITH THE ABOVE TERMS AND CONDITIONS, and the Utah Code Annotated 40-10-1 et seq., the Insurance Company hereby attests to the fact that coverage for said Permit Application is in accordance with the requirements of the State of Utah and agrees to notify the Division of Oil, Gas, and Mining in writing of any substantive changes, including cancellation, failure to renew, or other material change. No change shall be effective until at least thirty (30) days after such notice is received by the Division. Any change unauthorized by the Division is considered breach of the RECLAMATION AGREEMENT and the Division may pursue remedies thereunder.

UNDERWRITING AGEN	IT:		
	<u>Mel Butts</u> (Agent's Name)	<u>201-508</u> (F	8-2779 Phone)
AEGIS Insurance Servi (Company Agent's Nar			
1 Meadowlands Plaza (Mailing Address)	- -	-	East Rutherford, NJ 07073 (City, State, Zip Code)
knowledge and belief, ar company. (An Affidavit of agent of officer).	nd that he or she is an au	ithorized represent completed and atta	plete to the best of his/her tative of the above-named insurance ched to this form for each authorized
(Date,	Signature and Title of Au	thorized Agent of I	nsurance Company)
Signed and sworn before	e me by <u>Mel</u>	Bults	
This 25^{+} day of	September, 2012		
	<u>Denisi</u>	<u>a Mark</u>	4
	•	DENIS	FA WARKS

NOTARY PUBLIC

STATE OF NEW JERSEY
MY COMMISSION EXPIRES JUNE 10, 2013

My commission Expires: June 10, 2013

EXHIBIT "C"

LIABILITY INSURANCE CERTIFICATE

TRAIL MOUNTAIN MINE

C/015/0009

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ACOR.	D

DATE(MM/DD/YYYY) CERTIFICATE OF LIABILITY INSURANCE 09/25/2012 THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT NAME: PRODUCER Aon Risk Services Central, Inc. PHONE (A/C. No. Ext): FAX (A/C. No.): (402) 697-0017 (402) 697-1400 Omaha NE Office 11213 Davenport E-MAIL ADDRESS: Suite 201 Omaha NE 68154 USA INSURER(S) AFFORDING COVERAGE NAIC # Assoc Electric & Gas Ins Serv Ltd -AEGIS AA3190004 INSURER A: INSURED PacifiCorp INSURER B db Pacific Power, Rocky Mountain Power and Pacificorp Energy 825 NE Multnomah, #400 Portland OR 97232 USA INSURER C INSURER D INSURER E INSURER F REVISION NUMBER: CERTIFICATE NUMBER: 570047556116 COVERAGES THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Limits shown are as requeste Limits shown are as requested ADDU SUER LIMITS POLICY NUMBER TYPE OF INSURANCE EACH OCCURRENCE GENERAL LIABILITY DAMAGE TO RENTED COMMERCIAL GENERAL LIABILITY PREMISES (Ea occurrence) MED EXP (Any one person) CLAIMS-MADE OCCUR PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG GEN'L AGGREGATE LIMIT APPLIES PER:
POLICY PRODECT LOC COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY BODILY INJURY (Per person) ANY AUTO BODILY INJURY (Per accident SCHEDULED. ALL OWNED **AUTOS** PROPERTY DAMAGE NON-OWNED HIRED AUTOS (Per accident) **AUTOS** 10/01/2012 10/01/2013 EACH OCCURRENCE \$35,000,000 A UMBRELLA LIAB OCCUR Excess Liability \$35M \$35,000,000 AGGREGATE EXCESS LIAB x CLAIMS-MADE SIR applies per policy terms & conditions DED X RETENTION WORKERS COMPENSATION AND WC STATU-EMPLOYERS' LIABILITY AMY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Damage due to the use of explosives and subsidence is covered. Insurance Company will notify the State of Utah of any changes or cancellation. Re: Trail Mountain Mine: C/015/0009 CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS

State of Utah, Dept of Natural Resources, Division of Oil, Gas & Mining 1594 W. North Temple, Ste. 1210 Salt Lake City UT 84180-1203 USA

AUTHORIZED REPRES

ASSOCIATED ELECTRIC & GAS INSURANCE SERVICES LIMITED

Hamilton, Bermuda

CERTIFICATE OF INSURANCE

(Excess Liability)

This Certificate is furnished to the Certificate Holder named below as a matter of information only. Neither this Certificate nor the issuance hereof modifies the policy of insurance identified below (the "Policy") in any manner. The Policy terms are solely as stated in the Policy or in any endorsement thereto. Any amendment, change or extension of the Policy can only be effected by a specific endorsement issued by the Company and attached to the Policy.

The undersigned hereby certifies that the Policy has been issued by Associated Electric & Gas Insurance Services Limited (the "Company") to the Named Insured identified below for the coverage described and for the policy period specified.

Notwithstanding any requirements, terms or conditions of any contract or other document with respect to which this Certificate may be issued or to which it may pertain, the insurance afforded by the Policy is subject to all of the terms of the Policy.

NAME OF INSURED: PacifiCo

PacifiCorp dba Pacific Power, Rocky Mountain Power and PacifiCorp Energy

PRINCIPAL ADDRESS:

825 NE Multnomah, #400, Portland, Oregon 97232

POLICY NUMBER:

POLICY From: October 1, 2012

PERIOD: To: October 1, 2013

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Trail Mountain Mine: C/015/0009

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DATE: September 25, 2012

ISSUED TO: The State of Utah, Dept. of Natural Resources

("Certificate Holder")

Division of Oil, Gas & Mining

ADDRESS: 1594 West North Temple, Suite 1210, Salt Lake City, UT 84114-5801

Certified Original Copy

Signed by Dave McCue, Agent of Record

AEGIS INSURANCE SERVICES, INC.

BY:

At East Rutherford, New Jersey

Permit Number: C/015/0009

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THIS IS TO CERTIFY THAT:

Associated Electric & Gas Insurance Services Limited (Name of Insurance Company)

ARGUS Insurance Building, 12 Wesley St. P.O. Box BM 1064, Hamilton, Bermuda (Home Office Address of Insurance Company)

HAS ISSUED TO:

PacifiCorp (Successor in interest to Utah Power & Light)
(Name of Permittee)

TRAIL MOUNTAIN MINE (Mine Name)

C/015/0009 (Permit Number)

CERTIFICATE OF INSURANCE:

(Policy Number)

10/01/2012 – 10/01/2013 (Effective Date)

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UNDERWRITING AGENT:	
<u>Mel Butts</u>	201-508-2779
(Agent's Name)	(Phone)

AEGIS Insurance Services (Company Agent's Name)

1 Meadowlands Plaza
(Mailing Address)

(City, State, Zip Code)

East Rutherford, NJ 07073

The undersigned affirms that the above information is true and complete to the best of his/her knowledge and belief, and that he or she is an authorized representative of the above-named insurance company. (An Affidavit of Qualification must be completed and attached to this form for each authorized agent of officer).

(Date, Signature and Title of Authorized Agent of Insurance Ompany)

Signed and sworn before me by Mel Butts

This 25th day of September, 2012

Denuse G. Marlez (Signature)

My commission Expires: June 10, 2013 (Date)

DENISE A. MARKS
NOTARY PUBLIC
STATE OF NEW JERSEY
MY COMMISSION EXPIRES JUNE 10, 2013